

OCT 1 0 2001

K013129

Rhodia Dental Putty Impression Material

510(k) Notification

This 510(k) summary of safety and effectiveness is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR § 807.92

The assigned 510(k) number is: _____

Contact Person: Alain Morin
Rhodia Inc.
320 W. Stanley Ave.
Ventura, CA 93001

Telephone: (805) 653-5638

Date Prepared: September 2001

Device Name and Classification:

Proprietary Name: Rhodia Dental Putty Impression Material
Common Name: Dental Impression Material
Product Code: ELW

Manufacturer:

Rhodia Chem Italia S.p.A.
Via Winckelmann, 2
20146 Milano
Italy

Device Description:

Rhodia Putty is used for first impression in the technique of the double impression. It can be used with perforated and non-perforated trays constructed of metal or plastic.

The device is a two-part vinyl polysiloxane putty with an addition-cure reaction. The base and catalyst components are mixed together prior to creating an impression.

Substantial Equivalence Claim:

Rhodia dental impression material is substantially equivalent to pre-

amendment vinyl polysiloxane dental impression materials and has been tested according to the criteria established in the Guidance Document, "Dental Impression Materials-Premarket Notification".



OCT 1 0 2001

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Mr. Alan Morin
Market Development Manager
Rhodia Incorporated
320 West Stanley Avenue
Ventura, California 93001

Re: K013129

Trade/Device Name: Rhodia Dental Putty Impression Material
Regulation Number: 872.3660
Regulation Name: Dental Impression Material
Regulatory Class: II
Product Code: ELW
Dated: September 14, 2001
Received: September 19, 2001

Dear Mr. Morin:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

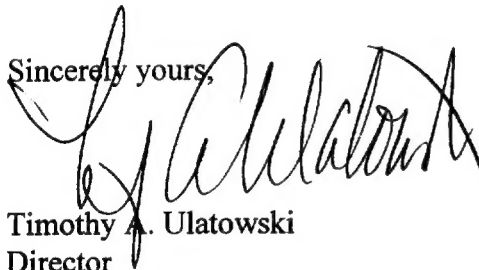
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies.

You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4613. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,



Timothy A. Ulatowski
Director

Division of Dental, Infection Control
and General Hospital Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

K013129

CONFIDENTIAL

RHODIA DENTAL PUTTY IMPRESSION MATERIAL

510(k) Notification

Indications for Use Statement

510(k) Number: _____

Device Name: Rhodia Dental Putty Impression Material.

Indications for Use:

Rhodia Putty Dental Impression Materials are intended for use for first impression in the technique of double impression.

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE AS NEEDED)

Susan Ranner

(Division Sign-Off)

Division of Dental, Infection Control,
and General Hospital Devices

510(k) Number K013129

Prescription Use /

or

Over the Counter Use _____